

STRENGTHS-BASED BEHAVIORAL HEALTH ASSESSMENT TRAINING AND ENHANCED ASSESSMENT TRAINING FOR BHTs

T/RBHA _____

DBHS Clinical Lead _____

I. Strengths-Based Behavioral Health Assessment Training

1. Complete the table below for the Strengths-Based Assessment Training sessions to be conducted by DBHS along with those sessions that DBHS staff will observe T/RBHA staff.

	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
DATES						
Locations						
Methods: classroom, telemed, etc.						
Identify person/entity responsible for making handouts.						
# of BHPs expected						
# of BHTs expected						
List DBHS trainers (lead or support?)						
List T/RBHA and/or provider trainers (lead or support?)						

2. What percent of the total numbers of BHPs and BHTs who will be doing Assessments will be trained in the sessions above?
3. What is the T/RBHAs overall training plan (e.g., dates, approach, type of trainers) for ensuring that BHPs and BHTs who will be doing assessments and serving as Clinical Liaisons will be trained? How many will be trained by January 2004? Who will be responsible for ensuring the training occurs?
4. What process for privileging these BHPs has been put in place?

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II. Enhanced Behavioral Health Assessment Training for BHTs

1. Complete the table below for the Enhanced Behavioral Health Assessment Training sessions to be conducted by DBHS along with those sessions that DBHS staff will observe T/RBHA staff.

	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
DATES						
Locations						
Methods: classroom, telemed, etc.						
Identify person/entity responsible for making handouts.						
# of BHPs expected						
# of BHTs expected						
List DBHS trainers (lead or support?)						
List T/RBHA and/or provider trainers (lead or support?)						

2. What percent of the total numbers of BHTs who will be doing Assessments will be trained in the sessions above?
3. What is the T/RBHAs overall training plan (e.g., dates, approach, type of trainers) for ensuring that BHTs who will be doing assessments and serving as Clinical Liaisons will be trained? How many will be trained (having completed both trainings) by March 2004? Who will be responsible for ensuring the training occurs?
4. What process for privileging these BHTs will be put in place, including the attestation of competency?